

Behavioral Health Integration Stakeholder Advisory Group

Project Overview



March 23, 2021



Behavioral Health Integration Project

The District recently embarked on a **Medicaid behavioral health redesign and transformation** effort to establish an **integrated care system** that is **comprehensive, coordinated, high-quality, culturally competent, and equitable**.

A key component of this project will be to **carve-in specialized behavioral health services into managed care contracts**. DHCF plans to include behavioral health services as covered benefits in the District's managed care contracts as of **October 1, 2022** with the purpose of **improving coordination and providing whole-person care**.

High-Level Timeline of Behavioral Health Transformation

- Phase I: January 2020 (ongoing) - Implementation of the 1115 waiver, support for behavioral health practice transformation, access and use of health information exchange, and the enrollment of approximately 17,000 FFS Medicaid enrollees in MCO
- **Phase II: Incorporating a full continuum of behavioral health services in Medicaid managed care plans - “Behavioral Health Integration”**
 - Summer – Fall 2021 – Information Gathering
 - Fall 2021 – Fall 2022 – Planning
 - Fall 2022 – Implementation
- Phase III: Advancing a population health model and incorporate value-based payment methodologies - Beginning Fall 2022

Behavioral Health Integration – Key Deadlines

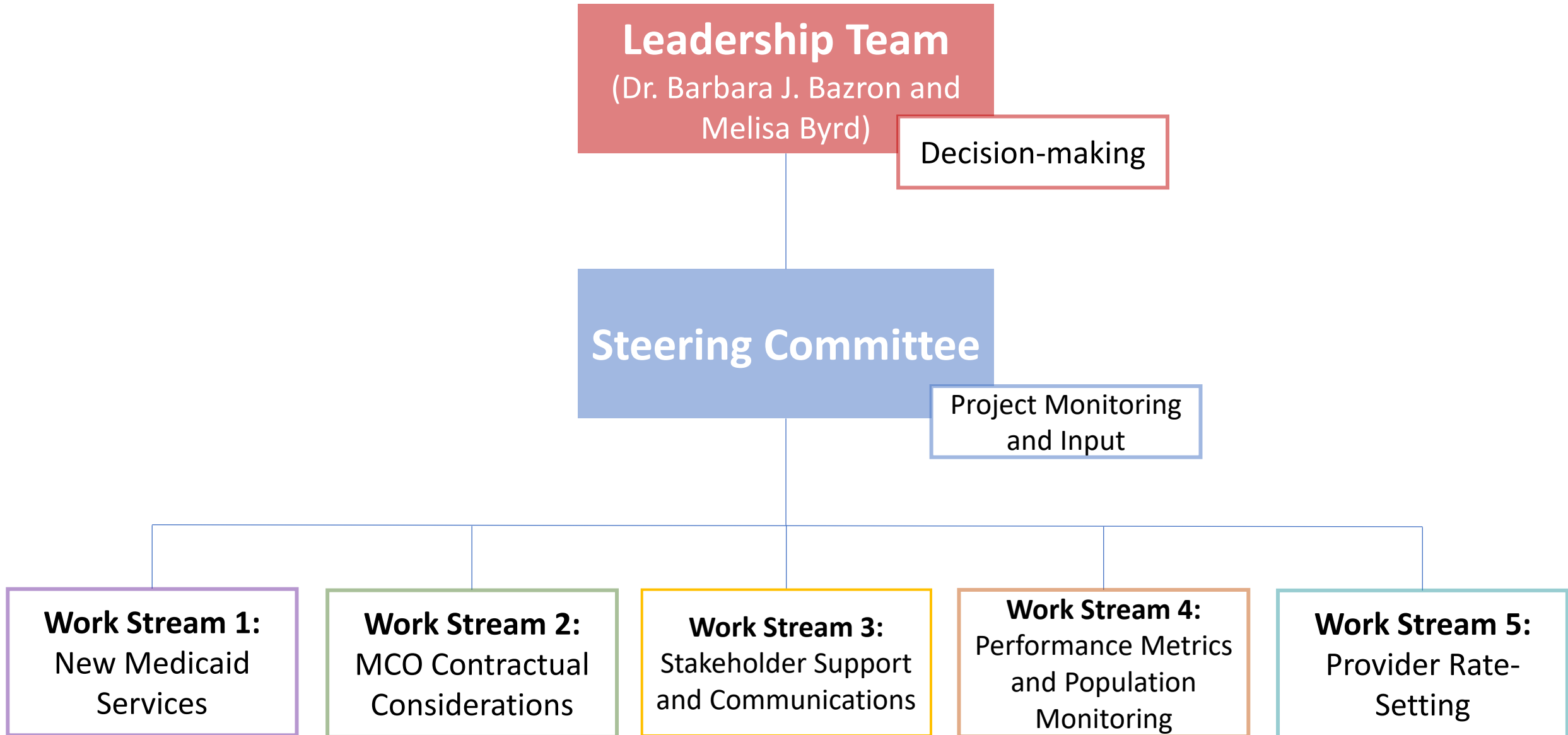
- **September/October 2021** – FY23 Agency Budget Formulation
 - The following must be finalized by this date:
 - Service changes and additions, including what will be carved in
 - Proposed provider rate changes
 - Proposed contract changes impacting costs (local budget or MCO rates)
 - Any other changes or supports requiring funding
- **January 2022** – State Plan Amendment (SPA) Drafting
 - Drafting program and service scope based on previous decisions
 - The following must be finalized by this date:
 - Any other policy changes not impacting cost
- **April 2022** – SPA Submission to CMS
- **July 2022** – MCO Contract Modifications Complete
 - The following must be finalized by this date:
 - Changes to the MCO contracts
- **October 2022** – Implementation begins
 - Provider, MCO, and beneficiary readiness activities will occur leading up to the October 1 launch date

Behavioral Health Integration – Information Gathering

Before we began planning, we conducted information gathering through two primary opportunities:

- Report from DBH contractor Aurrera Health Group on options for integrating behavioral health services into managed care based on interviews with five states with carve-in experience and a national review of integration efforts. This report included four key lessons:
 - Support & Train Behavioral Health Providers Early & Often
 - Support Provider Stability & Enrollee Access to Care
 - Ensure Oversight of MCOs Specific to Behavioral Health Care
 - Build Strong Partnership Between Medicaid and Behavioral Health Teams
- Behavioral Health Transformation Request for Information
 - We received a total of 16 responses from respondents to the 21 questions.
 - Overall, respondents were supportive of transforming behavioral health care in the District to achieve a whole-person, population-based, integrated Medicaid behavioral health system that is *comprehensive, coordinated, high quality, culturally competent, and equitable*.

Behavioral Health Integration – Project Organization



Stakeholder Advisory Group

DHCF and DBH have established a stakeholder advisory group to help inform decisions regarding the carve-in of behavioral health services. The purpose of this group is to:

- Provide solution-oriented feedback on behavioral health integration, associated issues, and stakeholder concerns;
- Provide front-end stakeholder input on specific topics and decision points related to the carve-in;
- Provide edits and comments on documents related to the carve-in, as requested; and
- Identify other external entities needed for input.

Current Medicaid Behavioral Health Services

Services Currently Carved Out					Services Currently Carved In
MHRS/CSA (DBH Ch. 34 certified providers)	Diagnostic/Assessment	Medication/Somatic Treatment	Counseling	Community Support	Any medically necessary clinic-based (i.e., FSMHC, FQHC, etc.) mental health or substance use service
	Assertive Community Treatment (ACT)	Community Based Intervention (CBI) (Level 1: Multisystemic Therapy (MST); Levels 2 and 3; and Level 4: Functional Family Therapy (FFT))	Rehabilitation Day Services	Intensive Day Treatment	
	Therapeutic Supported Employment Services for Mental Health	Child-Parent Psychotherapy for Family Violence (CPP-FV)	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Crisis/Emergency Services	In-lieu of services (i.e., IMD stays ≤ 15days in a calendar month), excluding Room & Board
Adult Substance Abuse Rehabilitative Services (ASARS) (DBH Ch. 63 certified providers)	Assessment/ Diagnostic and Treatment Planning	Clinical Care Coordination	Crisis Intervention	Substance Abuse Counseling	
	Short-Term Medically Monitored Intensive Withdrawal Management (MMIWM) in non-IMD residential treatment settings	Medication Management	Opioid Treatment Program Services (i.e., medication-assisted treatment with methadone)		Inpatient hospital MH/SUD services (up to sixty (60) days for inpatient psychiatric stays)
1115 Behavioral Health Demonstration Waiver Services	Psychosocial Rehabilitation Clubhouse	Trauma Recovery and Empowerment Model (TREM)	Trauma Systems Therapy (TST)	Vocational Supported Employment for Mental Health	MH/SUD pharmacy benefits, excluding Methadone administration and related services when provided by a DBH certified Methadone provider
	Vocational and Therapeutic Supported Employment for SUD	Recovery Support Services for SUD	Residential SUD Treatment in IMDs for individuals ages 21-64, where a stay in calendar month exceeds 15 days	Inpatient hospital services in IMDs for individuals ages 21-64, where a stay in calendar month exceeds 15 days	
	MMIWM in IMDs for individuals ages 21-64, where a stay in calendar month exceeds 15 days	Crisis Stabilization (CPEP; Psychiatric Crisis Stabilization Programs; Youth Mobile Crisis Intervention; and Adult Mobile Crisis and Behavioral Health Outreach)	Transition Planning Services		MH/SUD services provided by psychologists or other licensed behavioral health practitioners